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APPLICANTS

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**** CONTINUING DATA **** *Of*
 This application is a CIP of 10/206,976 07/30/2002 PAT 6,614,028

**** FOREIGN APPLICATIONS **** *None*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> met <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 1
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TITLE
 Apparatus for and method of treating a fluid

FILING FEE RECEIVED 1812	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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